MyCAA Education & Training Plan (ETP)

Texas A&M International University
Office of Continuing Education
5201 University Boulevard | Laredo, TX 78041

https://tamiu.edu2.com/

Ottodant Information

Student imormation:	
Student Name:	
School Issued Student ID:	N/A
Program Name:	Medical Billing & Coding Certificate Program with Clinical Externship
Program Type:	Certificate
Program Duration:	4 Months
Scheduled Start Date:	¬
Estimated Completion Date:	
Course Delivery Format	Online

Program Overview:

This billing and coding course offers the skills needed to perform complex coding and billing procedures. The course covers: CPT (Introduction, Guidelines, Evaluation and Management), specialty fields (such as surgery, radiology and laboratory), the ICD-10 for both diagnosis and procedure coding, ICD-9 (Introduction and Guidelines) and basic claims processes for insurance reimbursements. This billing and coding program delivers the skills students need to solve insurance billing and coding problems. It details proper assignment of codes and the process to file claims for reimbursement.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

- · There are no state approval and/or state requirements associated with this program.
- There are several National Certification exams that are available to students who successfully complete this program:
- o American Academy of Professional Coders (AAPC) Certified Professional Coder Exam (CPC or CPC-H Apprentice)
- o American Health Information Association (AHIMA) Certified Coding Associate (CCA) exam
- o National Healthcareer Association (NHA) Billing and Coding Specialist Certification (CBCS)

Tuition Cost:

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
TAMIU-MC 04	Medical Billing & Coding Certificate Program with Clinical Externship	375 Contact Hours/ 37.5 CEU's
School Official Certifica By my signature below, I ce named in this document.		ite, complete, and being submitted on behalf of the institution
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Signature/Title of Authoriz	zea School Official	Date
School Official Printed First and Last Name		School Official E-mail and Phone Number